

Please print or type with ELITE type (12 characters 2 1/8 inch) in the unshaded areas only

United States Environmental Protection Agency
Washington, DC 20460Please refer to the Instructions for
Filing Notification before completing
this form. The information requested
here is required by law (Section
3010 of the Resource Conservation
and Recovery Act)

Notification of Hazardous Waste Activity

For Official Use Only

Comments

C CAX

C F	CAD	Installation's EPA ID Number 98-165-2936	T/A C 1	Approved	Date Received (yr. mo. day)			0 SEP 1986
					2	0	SEP 1986	

I. Name of Installation

ALZETA CORPORATION

II. Installation Mailing Address

Street or P.O. Box

C 3 2343 CALLE DEL MUNDO

City or Town

State

ZIP Code

C 4 SANTA CLARA CA 95054

III. Location of Installation

Street or Route Number

C 5 SAME

City or Town

State

ZIP Code

C 6

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C 2 DESJARDIN SUSAN PE 4087278282

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C R SEE ATTACHED P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

- ☒ 1a. Generator SQG ☒ 1b. Less than 1,000 kg/mo.
☐ 2. Transporter 2
☐ 3. Treater/Storer/Disposer
☐ 4. Underground Injection
☐ 5. Market or Burn Hazardous Waste Fuel
 (enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner

B. Used Oil Fuel Activities

- ☐ 6. Off-Specification Used Oil Fuel
 (enter 'X' and mark appropriate boxes below) 085
☐ a. Generator Marketing to Burner
☐ b. Other Marketer SANTA CLARA
☐ c. Burner
☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
 Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

CAX000086520

C

T/A C

W

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X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Non-listed Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☒ 3. Reactive
(D003)

☐ 4. Toxic
(D000)
XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Rick Pam

Name and Official Title (type or print)

Rick Pam, Production Manager

Date Signed

9-9-86

V. Ownership

R.M.K. and Associates

- - - Building owner

Alzeta Corporation

- - - Waste generating facility owner